HEADQUARTERS
MULTINATIONAL CORPS-IRAQ
BAGHDAD, IRAQ
APO AE 09342

REPLY TO ATTENTION

FICI-SURG 28 December 2004

MEMORANDUM FOR See Distribution

SUBJECT: MNC-I Policy on Malaria Prevention

1. References.

a. CENTCOM FRAGO Subject: MOD 6 to USCENTCOM Individual Protection and Individual/Unit Deployment Policy

b. Armed Forces Medical Intelligence Center infectious disease risk assessment for Iraq at www.afmic.dia.smil.mil/intel/afmic/iz/irqdis.htm (SIPRNET).

c. Appendix C, Field Sanitation Team Materials, FM 4-25.12, Unit Field Sanitation Team.

d. Medical Entomology: An ecological perspective. University of California. 1992.

e. U.S. Army Medical Command Memorandum: Army Glucose 6-Phosphate Dehydrogenase (G6-PD) Deficiency Screening dated 18 Feb 2004.

2. PURPOSE: Establish MNC-I policy for malaria prevention.

3. APPLICABILITY: All military and civilian personnel under the operational control of MNC-I.

4. BACKGROUND: Malaria is a preventable infectious parasitic disease spread by mosquitoes. Prevention of malaria can be achieved through use of area preventive measures (larval and adult vector control, application of residual pesticides), personal protective measures, and, in areas where the threat of contracting malaria is high, malaria chemoprophylactic medication. The risk of contracting malaria in Iraq is considered to be low (encl 1); however, local transmission foci do occur. Three factors are critical to the transmission of malaria: presence of the *Anopheles* mosquito; a viable human reservoir of the disease; and a susceptible population.

5. POLICY AND PROCEDURES:

a. Based on the current disease threat, U.S. personnel in Iraq will not take malaria chemoprophylactic medication. Coalition personnel will comply with their national policies.

b. Based on the changing ecology of Iraq (which can impact vector populations) and the possible influx of human malaria reservoirs, the threat of contracting malaria in Iraq may increase. The MNC-I Surgeon's Office will continue to track disease trends and vector surveillance and re-evaluate the malaria policy quarterly. Prophylaxis may be initiated in specific areas if foci of disease are determined to exist.

c. Commanders will stress personal protective measures against malaria for all military personnel. These measures include the application of DEET to exposed skin, treating uniforms with permethrin, and sleeping under a permethrin treated bed net. These items are available through the U.S. military supply system (encl 2).

d. Field sanitation teams should be properly trained and equipped IAW reference C to assist the unit command in ensuring that soldiers have access to the equipment and training necessary to effectively implement personal protective measures.

e. Preventive medicine personnel will engage in mosquito surveillance and suppression. Preventive medicine personnel should ensure that *Anopheles* mosquitoes collected are tested for malaria using the VecTest and that positive samples are further sent to the Walter Reed Army Institute of Research (WRAIR) for confirmation IAW separately published guidance. VecTest capability exists at preventive medicine detachments throughout Iraq. Positive results will be reported to the MNC-I Preventive Medicine Officer and Theater Entomologist through the weekly vector report.

f. If a case of human malaria is confirmed at a health care facility in Iraq, laboratory personnel are required to collect a blood sample from the patient for submission to the WRAIR for phenotyping of the parasite IAW separately published guidance. Positive diagnoses will be submitted as Reportable Medical Events within 24 hours IAW MNCI Required Report Deployment Health Surveillance.

g. IAW reference e, soldiers in units that are deploying to Iraq may be exposed to malarious areas and G6-PD screening should be conducted or confirmed in conjunction with routine unit or individual "Soldier Readiness Processing" and will be documented in MEDPROS as a required component of Individual Medical Readiness.

g. The approval authority for instituting contingency prophylaxis remains with the MNC-I Surgeon for U.S. forces and with the national command in consultation with the MNC-I Surgeon for coalition forces. Requests to initiate chemoprophylaxis should be forwarded to the MNC-I Surgeon through the MNC-I Preventive Medicine Officer.

6. The point of contact is the MNC-I Preventive Medicine Officer (DSN 318-822-2414).

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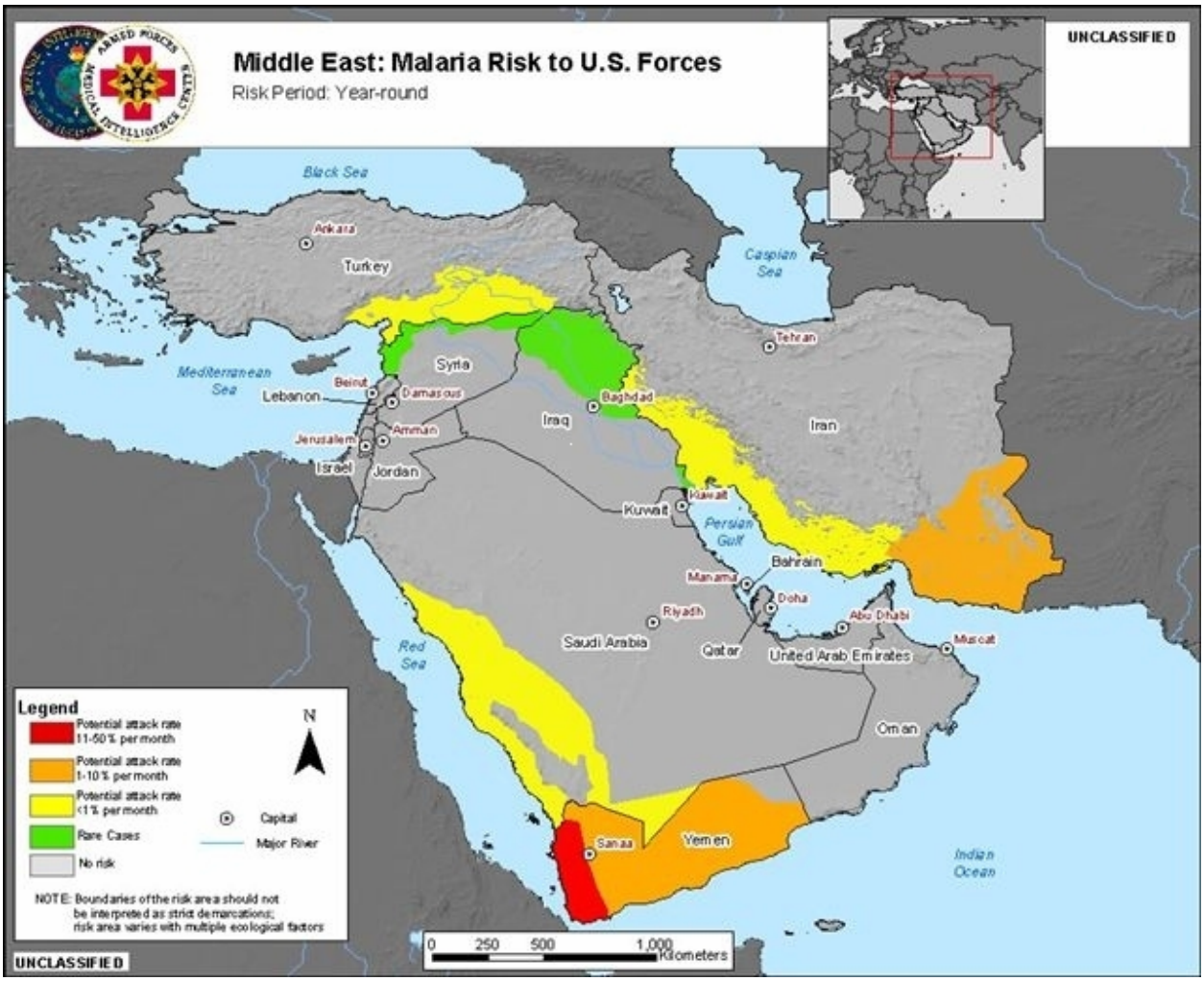
//ORIGINAL SIGNED//
JAMES BRUCKART
COL, MC
MNC-I Surgeon

Enclosures:
1. AFMIC map. Middle East: Malaria Risk to U.S. Forces
2. List of frequently used personal protective items by NSN


Middle East: Malaria Risk to U.S. Forces
Risk Period: Year-round
UNCLASSIFIED
Black Sea
Ankara
Turkey
Caspian Sea
Tehran
Mediterranean Sea
Syria
Beirut
Lebanon
Damascus
Baghdad
Iraq
Iran
Jerusalem
Amman
Israel
Jordan
Kuwait
Persian Gulf
Bahrain
Manama
Doha
Riyadh
Abu Dhabi
Saudi Arabia
Qatar
United Arab Emirates
Muscat
Red Sea
Oman
Sanaa
Yemen
Indian Ocean
Legend
Potential attack rate 11-50% per month
Potential attack rate 1-10% per month
Potential attack rate <1% per month
Rare Cases
No risk
Capital
Major River
N
NOTE: Boundaries of the risk area should not be interpreted as strict demarcations; risk area varies with multiple ecological factors
0 250 500 1,000 Kilometers
UNCLASSIFIED

Frequently Used Personal Protective Items

New Bed Net (enclosed type)	3740-01-516-4415	ea
Insect Net Protector, Field Type	7210-00-266-9736	ea
Pole, Folding Cot, Insect Net Prot	7210-00-267-5641	100 per bx
Insect Repellent w/sunscreen (DEET w/sunscreen)	6840-01-288-2188	12 tubes/bx
Insect Repellent, personal application (DEET)	6840-01-284-3982	12 tubes/bx
Insect Repellent, Clothing Application (IDA Kit)	6840-01-345-0237	12 kits/bx
Insect Repellent, Aerosol (for uniforms or bed nets)	6840-01-278-1336	12 cans/bx